DEPARTMENT OF TRANSPORTATION

Minnesota Department of Transportation Prevailing Wage Payroll Report

Contractor Name		Prime Contractor Name	
Address and Telephone #		Address & Telephone #	
State Project / Contract Number		Pay Period End Date	
Project Location		Payroll #	

(1)	(2)	(3)	(4)	(5) Day of Week (M, T, W, R, F, S, Su) & Date (xx/xx)							(6)	(7)	(8)	(9)	(10) Deductions						(11)
Employee Name, Address and Last Four Digits of Social Security Number	# of Exemptions	Labor Code and Classification Title	OT & ST	Hours Worked Each Day							Total Hours This Job	Hourly Rates of Pay	Gross Amount Earned This Job	Gross Amount Earned This Pay Period	FICA	Federal Tax	State Tax	Other (Specify)	Other (Specify)	Total Deductions	Total Net Wages Paid
			OT																		
			ST																		
			OT																		
			ST																		
			OT																		
			ST																		
			OT																		
			ST																		
			OT																		
			ST																		
			OT																		
			ST																		
			OT																		
			ST																		
			OT																		
			ST																		